

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Rely on Your Beliefs Fund

ADDRESS (number and street)

209 Pennsylvania Avenue, SE

☐ Check if different than previously reported. (ACC)

Washington

DC

20003

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00344648

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☒ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
08 01 2012

through

M M M / D D D / Y Y Y Y Y Y  
08 31 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Paul Kilgore

Signature of Treasurer

Paul Kilgore

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
09 20 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Rely on Your Beliefs Fund

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
08		01		2012

To:

M M	/	D D	/	Y Y Y Y Y
08		31		2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div><div>Y Y Y Y Y</div><div>2012</div></div>		<div><div></div><div>200806.26</div></div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div><div></div><div>315326.73</div></div>	
(c) Total Receipts (from Line 19) .....	<div><div></div><div>14000.00</div></div>	<div><div></div><div>407750.00</div></div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div><div></div><div>329326.73</div></div>	<div><div></div><div>608556.26</div></div>
7. Total Disbursements (from Line 31).....	<div><div></div><div>52836.78</div></div>	<div><div></div><div>332066.31</div></div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<div><div></div><div>276489.95</div></div>	<div><div></div><div>276489.95</div></div>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div><div></div><div>0.00</div></div>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div><div></div><div>0.00</div></div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Rely on Your Beliefs Fund

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2012

To:

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

42250.00

(ii) Unitemized .....

0.00

500.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

0.00

42750.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

14000.00

360000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

14000.00

402750.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

5000.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

14000.00

407750.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

14000.00

407750.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	32836.78	213566.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	32836.78	213566.31
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20000.00	118500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	52836.78	332066.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	52836.78	332066.31

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	14000.00	402750.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14000.00	402750.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	32836.78	213566.31
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	32836.78	213566.31

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 14

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Rely on Your Beliefs Fund**

Full Name (Last, First, Middle Initial)

## **A. Black & Veatch Good Govt Fund**

Mailing Address 11401 Lamar Ave

City

Leawood

State

KS

Zip Code

66211-1508

FEC ID number of contributing  
federal political committee.

C

C00012310

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

08 / 13 / 2012

**Transaction ID : 20817.C1411**

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

## **B. NASCOE PAC**

Mailing Address 313 Massachusetts Ave NE

City

Washington

State

DC

Zip Code

20002-5701

FEC ID number of contributing  
federal political committee.

C

C00413567

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

08 / 13 / 2012

**Transaction ID : 20817.C1412**

Amount of Each Receipt this Period

1500.00

Receipt

Full Name (Last, First, Middle Initial)

## **C. Northwestern Mutual Life Federal PAC**

Mailing Address 720 E Wisconsin Ave

City

Milwaukee

State

WI

Zip Code

53202-4703

FEC ID number of contributing  
federal political committee.

C

C00197095

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

08 / 13 / 2012

**Transaction ID : 20817.C1413**

Amount of Each Receipt this Period

5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ►

11500.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 14

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Rely on Your Beliefs Fund**

Full Name (Last, First, Middle Initial)

**A. United States Cellular Corp. PAC**

Mailing Address 8410 W Bryn Mawr Ave

City

Chicago

State

IL

Zip Code

60631-3408

FEC ID number of contributing  
federal political committee.

C

C00336057

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 13 / 2012

**Transaction ID : 20817.C1414**

Amount of Each Receipt this Period

2500.00

Receipt

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00

14000.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## Rely on Your Beliefs Fund

Diagram showing three different connector types: 08, 15, and 2012, each with its pin configuration (M, D, Y) and a slash indicating a break in the pin sequence.

Category/  
Type

## PAC EVENT SUPPLIES

Category/  
Type

PAC MEETING EXPENSE

Category/  
Type

SEE BELOW

27119.43



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 14

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

**A. Thompson Communications**

Mailing Address PO Box 5

City  
MarshfieldState  
MOZip Code  
65706-0005Purpose of Disbursement  
PAC Payroll Expenses

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:                  District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2012

Transaction ID : 20817.E2354

Amount of Each Disbursement this Period

1460.14

**[MEMO ITEM]**

MEMO: PAC PAYROLL EXPENSES

Full Name (Last, First, Middle Initial)

**B. Keri Ann Hayes**

Mailing Address 202 11th St NE

City  
WashingtonState  
DCZip Code  
20002-6218Purpose of Disbursement  
PAC Salary & Benefits

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:                  District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2012

Transaction ID : 20817.E2355

Amount of Each Disbursement this Period

24335.64

**[MEMO ITEM]**

MEMO: PAC SALARY &amp; BENEFITS

Full Name (Last, First, Middle Initial)

**C. Visa**

Mailing Address PO Box 4512

City  
Carol StreamState  
ILZip Code  
60197-4512Purpose of Disbursement  
See Below

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:                  District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2012

Transaction ID : 20817.E2357

Amount of Each Disbursement this Period

5717.35

SEE BELOW

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5717.35

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## Rely on Your Beliefs Fund

Diagram showing three 16-pin D-sub connectors. The first connector has pins labeled M and M, with the number 08 below. The second connector has pins labeled D and D, with the number 15 below. The third connector has pins labeled Y, Y, Y, and Y, with the number 2012 below.

Category/  
Type

103.95

MEMO: PAC MEETING EXPENSE

Category/  
Type

Age Group	Percentage
18-24	10%
25-34	15%
35-44	20%
45-54	25%
55-64	30%
65-74	35%
75-84	40%
85+	45%

MEMO: PAC TRAVEL EXPENSES

Category/  
Type

692.50

MEMO: PAC EVENT CATERING

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 14

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

**A. US Airways**

Mailing Address 4000 E Sky Harbor Blvd

City	State	Zip Code
Phoenix	AZ	85034-3802

Purpose of Disbursement  
PAC Airfare

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2012

Transaction ID : 20817.E2361

Amount of Each Disbursement this Period

797.20
--------

[MEMO ITEM]

MEMO: PAC AIRFARE

Full Name (Last, First, Middle Initial)

**B. W Millar and Co Catering**

Mailing Address 1335 14th St NW

City	State	Zip Code
Washington	DC	20005-3610

Purpose of Disbursement  
PAC Event Catering

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2012

Transaction ID : 20817.E2362

Amount of Each Disbursement this Period

3295.70
---------

[MEMO ITEM]

MEMO: PAC EVENT CATERING

Full Name (Last, First, Middle Initial)

**C. UPS**

Mailing Address PO Box 72470244

City	State	Zip Code
Philadelphia	PA	19170-0001

Purpose of Disbursement  
PAC Shipping

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2012

Transaction ID : 20817.E2363

Amount of Each Disbursement this Period

95.77
-------

[MEMO ITEM]

MEMO: PAC SHIPPING

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00
------

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## Rely on Your Beliefs Fund

Diagram showing three 16-pin D-sub connectors. The first connector has pins labeled M and M, with the number 08 below. The second connector has pins labeled D and D, with the number 15 below. The third connector has pins labeled Y, Y, Y, and Y, with the number 2012 below.

Category/  
Type

**[MEMO ITEM]**  
MEMO: PAC EVENT CATERING

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

**[MEMO ITEM]**  
MEMO: PAC TELEPHONE

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

0.00

**TOTAL** This Period (last page this line number only).....

32836.78

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Rely on Your Beliefs Fund**

Full Name (Last, First, Middle Initial)

**A. Todd Akin for Senate**

Mailing Address PO Box 31222

City  
Saint LouisState  
MOZip Code  
63131-0222Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**W TODD AKIN**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2012

**Transaction ID : 20917.E2385**

Amount of Each Disbursement this Period

5000.00
---------

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. Brunner for Senate**

Mailing Address PO Box 411194

City  
Saint LouisState  
MOZip Code  
63141-3194Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**JOHN BRUNNER**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2012

**Transaction ID : 20917.E2386**

Amount of Each Disbursement this Period

5000.00
---------

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. Friends of Connie Mack**

Mailing Address PO Box 519

City  
NaplesState  
FLZip Code  
34106-0519Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**CONNIE MACK**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2012

**Transaction ID : 20817.E2351**

Amount of Each Disbursement this Period

5000.00
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CONTRIBUTION

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Rely on Your Beliefs Fund**

Full Name (Last, First, Middle Initial)

**A. Steelman for US Senate**

Mailing Address PO Box 411672

City	State	Zip Code
Kansas City	MO	64141-1672

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**SARAH STEELMAN**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MO District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2012

**Transaction ID : 20917.E2384**

Amount of Each Disbursement this Period

5000.00
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CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00
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20000.00
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